05/13/2008

16:08

05/22 PAGE

MAY 1 3 2008
PTO/SB/22 (10-07)
Approved for use through 10/31/2007, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE apond to a coalection of Information unless it displays a valid OMB control number.

PETITION FOR	REXTENSION OF TIME UNDER 37	Docket Number (Optio	nal)					
	FY 2006	19546.0034						
	ent to the Consolidated Appropriations Act, 200	Filed December 8, 2003		••				
Application Number 10/728,938 Filed December 8, 2003								
FOR FRAME TRANSMISSION METHOD								
Art Unit 2619 Examiner S. Rivas								
. This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
		Fee	Small Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$				
×	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ <u>1050</u>				
l ·	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	s				
l	Five months (37 CFR 1.17(e)(5))	\$2230	\$1115	\$				
			•					
Applicant claims smell entity status. See 37 CFR 1.27. 05/14/2698 PCH0MP 09860848 584545								
☐ A check in t	the amount of the fee is enclosed.	1 FC:1253 ·105	3.68 DA					
Payment by credit card. Form PTO-2038 is attached.								
☐ The Directo	or has already been authorized to charge	e fees in this applic	ation to a Deposit Acc	ount.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to								
Deposit Account Number <u>60-4545, Order No. 19546.0034</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
l am the	applicant/inventor.							
assignee of record of the entire Interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
attorney or agent of record. Registration Number 58.572								
☐ attorney or agent under 37 CFR 1.34.								
Registration number if acting under 37 CFR 1.34.								
A . A								
	fandet.	May 13, 2008 Date						
Signature Date Siddhesh V. Pandit (202) 403-2104				14				
Typed or printed name Telephone Number					938			
NOTE: Signatures of all the Inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if								
☑ Total of 2 i	forms are submitted.	•	•					

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Child Information Officer, U.S. Perient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 4 10 0 8 2 Serial/Patent # 10728938						
3 Please refund the following fee(s):		4 PAPE NUMB		6 AMOUNT		
Filing				\$		
/ Amendment				\$		
Extension of Time			5 13 08	\$ 1050.00		
Notice of Appeal/Appeal				\$		
Petition				\$		
Issue				\$		
Cert of Correction/Terminal Disc.				\$ '		
Maintenance				\$		
7.	Assignment			\$		
	Other			\$		
			7 TOTAL AMOUNT \$ 1050.00			
		8 TO BE REFUNDED BY:				
10 REASON:		/ Treasury Check				
	Overpayment	\checkmark	Credit Depo	osit A/C: #:		
/_	Duplicate Payment	950-4545				
$\sqrt{}$	No Fee Due (Explanation):					
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Llana Walth TITLE: Petater.						
SIGNATURE: Nalel PHONE: 23200						
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B